

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Office of the City Clerk
City of Monrovia

Please type or print in ink

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
SHAW		CLARENCE	R

1. Office, Agency, or Court

Agency Name

CITY OF MONROVIA

Division, Board, Department, District, if applicable

CITY COUNCIL/REDEVELOPMENT AGENCY

Your Position

COUNCILMEMBER/BOARDMEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: SOUTHERN CALIF ASSOC OF GOVERNMENTS

Position: ALTERNATE

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of MONROVIA

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-
The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of California that

Date Signed

June 6, 2011
(month, day, year)

Signature

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name CLARENCE R SHAW

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE	
REEL SRVCS MGMT/KRIKORIAN PREMIER THEAT	
ADDRESS (Business Address Acceptable)	
2275 W 190TH ST, STE 201,	
CITY AND STATE	
TORRANCE, CA 90504	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
MOVIE THEATRE	
DATE(S) 1 / 1 / 10 - 12 / 31 / 10	AMT \$ 125
(If applicable)	
TYPE OF PAYMENT (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION MOVIE PASS	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S) / / - / /	AMT \$
(If applicable)	
TYPE OF PAYMENT (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S) / / - / /	AMT \$
(If applicable)	
TYPE OF PAYMENT (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S) / / - / /	AMT \$
(If applicable)	
TYPE OF PAYMENT (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION	

Comments: _____